## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
DCCC	C C00000935		
Check if 24-hour report	on M M / D D / Y Y Y Y		
Full Name of Payee Great American Media	Date of Public Distribution/Dissemination		
Date of Dissemination: 10/15/16	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 3050 K Street, NW	Amount		
Suite 100	Attiount		
City State Zip Code	89557.66		
Washington DC 20007	Transaction ID : SE-951738  Date of Disbursement or Obligation		
Purpose of Expenditure Media Buy  Category/ Type 004	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	Sought:  House District: 03		
Yoder, Kevin, W., ,	President Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought  Disbu 2016	rsement For: Primary   General  Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Three Point Media, LLC  Date of Dissemination: 10/15/16	M = M / D = D / Y = Y = Y		
Mailing Address 1000 Potomac Street, NW	10 15 2016		
Suite 500	Amount		
City State Zip Code	12176.26		
Washington DC 20007	Transaction ID: SE-951737		
Purpose of Expenditure  Media Production  Category/	Date of Disbursement or Obligation		
Media Production  Category Type 004	10 14 2016		
Name of Federal Candidate Support Office	Sought: <b>x</b> House District:03		
Yoder, Kevin, W., ,	President Senate State: KS		
2016	rsement For: Primary General		
Per Election for Office Sought	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	101733.92		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ward, Kelly, C., ,  [Electronically Filed] Date	0 17 2016		
Signature			

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	AT ENDITORIES	PAGE 2 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
DCCC		C C00000935
Check if 24-hour report X 48-hour report	New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee The Strategy Group Inc. Date of Dissemination: 10/17/1	6	Date of Public Distribution/Dissemination
Mailing Address 1603 Orrington Avenue	•	Amount
Suite 1730 City State	e Zip Code	45020.67
City State Evanston IL	60201	15930.67  Transaction ID : SE-951754  Date of Disbursement or Obligation
Purpose of Expenditure Mail Services	Category/ Type 006	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support Office	ce Sought: X House District: 03
Mowrer, Jim, , ,	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	1296825.10 Dist	oursement For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee The Strategy Group Inc. Date of Dissemination: 10/17/1  Mailing Address 1603 Orrington Avenue	6	Date of Public Distribution/Dissemination
Suite 1730		Amount
City State Evanston IL	e Zip Code 60201	6207.92  Transaction ID : SE-951755  Date of Disbursement or Obligation
Purpose of Expenditure Mail Services	Category/ Type 006	10 / 14 / 2016
Name of Federal Candidate  Mowrer, Jim, , ,	Support Offi	ce Sought:   House District: 03  President Consts State IA
Calendar Year-To-Date Per Election for Office Sought		President Senate State:   □ Primary General  Other (specify)  □ Other
(a) SUBTOTAL of Itemized Independent Expenditures		22138.59
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ward, Kelly, C., , Signature	[Electronically Filed] Date	10 17 2016
griataro		

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
DCCC	C C00000935			
	C 600000933			
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
The Strategy Group Inc.  Date of Dissemination: 10/17/16	10 17 2016			
Mailing Address 1603 Orrington Avenue	10 17 2010			
Suite 1730	Amount			
City State Zip Code	20634.35			
Evanston IL 60201	Transaction ID : SE-951756 Date of Disbursement or Obligation			
Purpose of Expenditure Mail Services  Category/ Type  006	10 14 7 2016			
Name of Federal Candidate Support Office	e Sought:   House District: 05			
Garrett, Scott, , ,	President Senate State: NJ			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rrsement For: Primary   ✓ General  Other (specify)   ✓			
Full Name of Payee	Date of Public Distribution/Dissemination			
The Strategy Group Inc.  Date of Dissemination: 10/17/16	10 17 2016			
Mailing Address 1603 Orrington Avenue				
Suite 1730	Amount			
City State Zip Code	9073.08			
Evanston IL 60201	Transaction ID : SE-951757 Date of Disbursement or Obligation			
Purpose of Expenditure Mail Services  Category/ Type  006	10 14 2016			
Name of Federal Candidate Support Office	e Sought:   House District: 05			
Garrett, Scott, , ,	President Senate State: NJ			
Calendar Year-To-Date Per Election for Office Sought  Disbute 2016	ursement For: Primary   General  Other (specify) ▶			
	Other (specify) P			
(a) SUBTOTAL of Itemized Independent Expenditures	29707.43			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
· Date	0 17 2016			
Signature				

Schedule E)	INDENT EXPEND	ITOTILO	<u> </u>	PAGE 4 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
DCCC				00000935
Check if 24-hour report 🗶 48-hour re	port X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Moore Campaigns, LLC	ination: 10/17/16		M = M /	Distribution/Dissemination
Mailing Address 447 Irving St, NW	III alion. 10/17/10		10 Amount	17 2016
City Washington	State DC	Zip Code 20010	Transaction ID	
Purpose of Expenditure Mail Services		Category/ Type 006	Date of Disburs	sement or Obligation
Name of Federal Candidate		Cumport	Office Sought:	House District: 25
Knight, Steve, , ,		Support  Oppose	President President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	,	859627.46	Disbursement For: 2016 Other (spec	Primary <b>✗</b> General cify) ▶
Full Name of Payee  Moore Campaigns, LLC  Date of Dissem	ination: 10/17/16		Date of Public	Distribution/Dissemination
Mailing Address 447 Irving St, NW			Amount	
City	State	Zip Code		9035.68
Washington Purpose of Expenditure	DC	20010		sement or Obligation
Mail Services		Category/ Type 006	10	14 2016
Name of Federal Candidate		Support	Office Sought:	-
Knight, Steve, , ,		<b>X</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		859627.46	Disbursement For: 2016 Other (spec	Primary <b>X</b> General cify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures			26353.68
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ward, Kelly, C., , Signature	[Electron	nically Filed] Date	10 / 17	2016

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)	TOLITI EXI END	77.0712.0		PAGE FOR SE	5 OF 9 E OF FORM 24/48
	ME OF COMMITTEE (In Full)					ATION NUMBER ▼
D	CCC				C C000009	
Ch	eck if 24-hour report <b>X</b> 48-hour rep	oort New rep	port Amends rep		/ D D	/ Y = Y = Y = Y
	Full Name of Payee  Moore Campaigns, LLC  Date of Dissemin	nation: 10/17/16			of Public Distribu	tion/Dissemination
	Mailing Address 447 Irving St, NW			Amou	حا لنـ	
	City Washington	State DC	Zip Code 20010		action ID : SE-9	
	Purpose of Expenditure Mail Services		Category/ Type 006		of Disbursement	or Obligation  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	nt: X House	e District: 06
	Coffman, Michael, , ,		X Oppose	Preside		e State: CO
	Calendar Year-To-Date Per Election for Office Sought		1252281.71	Disbursemen 2016	other (specify) ►	nary 🗶 General
	Full Name of Payee  Moore Campaigns, LLC  Date of Dissemi  Mailing Address 447 Irving St, NW	nation: 10/17/16			10 / 17	tion/Dissemination  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	— L.		9384.16
	Washington	DC	20010		action ID : SE-95 of Disbursement	
	Purpose of Expenditure Mail Services		Category/ Type 006		10 / 14	2016
	Name of Federal Candidate		Support	Office Sough	nt: X House	e District: 06
	Coffman, Michael, , ,		<b>X</b> Oppose	Presid	ent Senat	e State: CO
	Calendar Year-To-Date Per Election for Office Sought		1252281.71	Disbursemer 2016	nt For: Print Pri	mary <b>X</b> General
	(a) SUBTOTAL of Itemized Independent Exp	oenditures		>		29641.16
	(b) SUBTOTAL of Unitemized Independent	Expenditures			7	2
	(c) TOTAL Independent Expenditures			··· •	7	
1	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				
	Ward, Kelly, C., , Signature	[Electron	nically Filed] Dat	e 10	17 / Y	2016

NAME OF COMMITTEE (In Full)  DCCC  Coooooo935  Check if 24-hour report	Y = Y = Y
Check if 24-hour report	y y y y y y
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee  Moore Campaigns, LLC  Date of Dissemination: 10/17/16  Mailing Address 447 Irving St, NW	veryery
Moore Campaigns, LLC  Date of Dissemination: 10/17/16  Mailing Address 447 Irving St, NW	issemination
Date of Dissemination: 10/17/16  Mailing Address 447 Irving St, NW	
Mailing Address 447 Irving St, NW Amount	2016
•	
City State Zip Code	17407.00
Washington DC 20010 Transaction ID : SE-951753 Date of Disbursement or Ob	
Purpose of Expenditure Mail Services  Category/ Type  006	2016
Name of Federal Candidate Support Office Sought: X House Di	istrict: 03
Tarkanian, Danny, , ,	State: NV
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2685166.04  Other (specify) ▶	<b>✗</b> General
Full Name of Payee Date of Public Distribution/D	issemination
Moore Campaigns, LLC  Date of Dissemination: 10/17/16  10  17	2016
Mailing Address 447 Irving St, NW Amount	
City State Zip Code	19272.00
Washington DC 20010 Transaction ID : SE-951751 Date of Disbursement or Ob	oligation
Purpose of Expenditure Mail Services  Category/ Type  006  10  14	2016
	District: 19
Teachout, Zephyr, , , Oppose President Senate	State: NY
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2016 □ Other (specify) ▶	<b>✗</b> General
(a) SUBTOTAL of Itemized Independent Expenditures	36679.00
	0007 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
Ward, Kelly, C., , [Electronically Filed] Date 10 17 2016	

Schedule E)	INDENT EXPEND	ITORES		PAGE 7 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
DCCC			C	C00000935
Check if 24-hour report X 48-hour re	eport X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Moore Campaigns, LLC	nination: 10/17/16		10	/ 17 / 2016
Mailing Address 447 Irving St, NW			Amount	
City	State	Zip Code		9635.98
Washington	DC	20010		ID : SE-951752 ursement or Obligation
Purpose of Expenditure Mail Services		Category/ Type 006	10	14 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	X House District: 19
Teachout, Zephyr, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	642685.98	Disbursement For: 2016 Other (sp	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
	nination: 10/17/16		10	17 / 2016
Mailing Address 1730 Rhode Island Ave	e., NW		Amount	
Suite 213				
City Washington	State DC	Zip Code 20036	Transaction II	
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Display	ursement or Obligation  / 14 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	resident	Senate State:
Calendar Year-To-Date Per Election for Office Sought		1885435.18	Disbursement For: 2016 Other (sp	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent E	xnenditures			110509.98
(a) 00210112 or norm200 moopondom 2				110303.30
(b) SUBTOTAL of Unitemized Independent	Expenditures		·	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authorized			
Ward, Kelly, C., ,	[Electron	ically Filed] Date	10 / 17	2016

Schedule E)	PAGE 8 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DCCC	C C00000935
Check if 24-hour report <b>X</b> 48-hour report <b>X</b> New report A	Amends report filed on Man / Dab / Yayayay
Full Name of Payee Moore Campaigns, LLC	Date of Public Distribution/Dissemination
Date of Dissemination: 10/17/16  Mailing Address 447 Irving St, NW	10 17 2016 Amount
City State Zip Code Washington DC 20010	e 10332.23 Transaction ID : SE-952058
Purpose of Expenditure  Mail Sorvices  Category	Date of Disbursement or Obligation
Name of Federal Candidate	Support Office Sought: X House District: 03
Tarkanian, Danny, , ,	Oppose President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 2685166.0	Disbursement For: Primary General  Other (specify)
Full Name of Payee Vision Strategy and Insights Date of Dissemination: 10/17/16	Date of Public Distribution/Dissemination
Mailing Address 5420 Sylmar Avenue, #115	Amount
City State Zip Code Sherman Oaks CA 91401	Transaction ID : SE-952060
Purpose of Expenditure Media Production  Category Typ	
Name of Federal Candidate  Eggman, Michael, , ,	
Calendar Year-To-Date Per Election for Office Sought 1353918.0	Disbursement For: Primary General 2016
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	14382.23
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported his with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ward, Kelly, C., , [Electronically Filed] Signature	ed] Date 10 17 2016

Schedule E)	PAGE 9 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DCCC	C C00000935
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ralston Lapp Media, LLC  Date of Dissemination: 10/17/16	10 17 2016
Mailing Address 1054 31st Street, NW Suite 430	Amount
	14000 07
City State Zip Code Washington DC 20007	14692.27  Transaction ID : SE-952059  Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 04
Kihuen, Ruben, , ,	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Dist 2048305.92	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate  Support  Oppose	ce Sought: House District:
	President Senate State:  oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	14692.27
(4)	14052.21
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	385838.26
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 17 2016
Signature	